

**STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY**

PROBATE COURT

IN THE MATTER OF

CASE NUMBER

ACCOUNTING

☐ FINAL
☐ INTERIM # _____

The undersigned Personal Representative(s) submits this accounting, which covers the period from _____, _____ through _____, _____.

The documentation on the reverse side of this form sets forth a complete accounting for the period specified, which is summarized as follows:

Beginning Balance	_____
Plus: Receipts	_____
Subtotal	_____
Less: Disbursements	_____
Ending Balance	_____

The Personal Representative declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative(s).

SWORN to before me this _____ day
of _____, _____.

Notary Public for South Carolina
My Commission Expires: _____

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____

Case Number:

RECEIPTS <small>(assets received into estate)</small>	DISBURSEMENTS <small>(assets disbursed/paid out from estate)</small>
TOTAL	